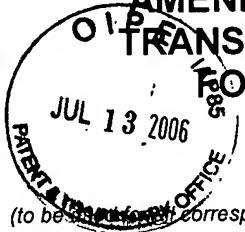


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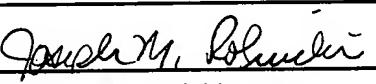
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AMENDMENT TRANSMITTAL FORM 		Application Number	10/803,839
		Application Title	Multi-Use Floor Sign
		Filing Date	March 18, 2004
		First Named Inventor	Kurple et al.
		Art Unit	3611
		Examiner Name	Silbermann, Joanne
Total Number of Pages in This Submission	22	Attorney Docket Number	45251-46701

ENCLOSURES (Check all that apply)

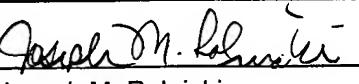
<input checked="" type="checkbox"/> Fee Determination Record Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the fee of <u>\$400.00</u> in this application to a Deposit Account <u>20-0823</u> . <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-0823</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.	<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> If an extension or an additional extension of time is required, but is not enclosed, please consider this a conditional petition therefore and charge Deposit Account <u>20-0823</u> accordingly <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Petition <input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thompson Coburn LLP		
Signature			
Printed name	Joseph M. Rolnicki		
Date	July 10, 2006	Reg. No.	#32653

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